

PATENT

17602 U.S. PTO
10/607433
06/26/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Continuation Application Of:

JOHN C. FALLIGANT ET AL.

Filed Herewith For:

KEYED ANESTHETIC VAPORIZER
FILLING SYSTEM

Parent Application Data:

Serial No.: 10/099,647

Filed: 03/15/2002

Group Art Unit: 3751

Examiner: J. Casimer Jacyna

KEYED ANESTHETIC VAPORIZER
FILLING SYSTEM

CERTIFICATE OF MAILING

) I hereby certify that this correspondence is
being deposited with the United States Postal
Service with sufficient postage as first class
mail in an envelope addressed to:
COMMISSIONER OF PATENTS,
Alexandria, VA 22313-1450, this 26th day of
June, 2003.

) Express Mail Label No.: EV342893228US

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

)

Applicant: JOHN C. FALLIGANT ET AL.

2. The filing fee is calculated below:

| <u>For</u> | <u>Number Filed</u> | <u>Number Extra</u> | <u>Rate</u> | <u>Fee</u> |
|-------------------------|---------------------|---------------------|-------------|-----------------|
| Basic Filing Fee | | | | \$750.00 |
| Total Claims | 18 | 0 | 0 | 0 |
| Independent Claims | 2 | 0 | 0 | 0 |
| Multiple Claims | 0 | 0 | 0 | 0 |
| TOTAL FILING FEE | | | | \$750.00 |

3. A check in the amount of \$750.00 is enclosed.

4. The Commissioner is hereby authorized to charge any fees which may be required or credit any overpayment to Account No. 01.2000. A duplicate of this sheet is attached.

5. A Preliminary Amendment is enclosed.

6. Formal drawings are enclosed.

7. The prior application is assigned of record to Datex-Ohmeda, Inc.

8. The power of attorney in the prior application is to Joseph D. Kuborn, Reg. No. 40,689, and the members of the firm Andrus, Sceales, Starke & Sawall, LLP, 100 East Wisconsin Avenue, Suite 1100, Milwaukee, Wisconsin 53202.

(a) The power appears in the original papers of the parent application.

(b) Address all future communications to:
Joseph D. Kuborn
Andrus, Sceales, Starke & Sawall, LLP
100 East Wisconsin Avenue, Suite 1100
Milwaukee, WI 53202-4178
(414) 271-7590

9. An Information Disclosure Statement is enclosed.

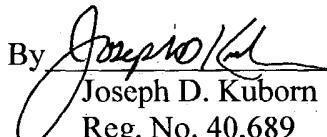
Applicant: JOHN C. FALLIGANT ET AL.

10. I hereby verify that the attached papers are a true copy of the complete application Serial No. 10/099,647 as originally filed on March 15, 2002.

The undersigned declares further that all statements made herein of his own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL

By 
Joseph D. Kuborn
Reg. No. 40,689

Andrus, Sceales, Starke & Sawall
100 East Wisconsin Avenue
Milwaukee, WI 53202
(414) 271-7590
Attorney Docket No: 3848-00771

PTO/SB/17

FEE TRANSMITTAL

Total Amount of Payment (\$ 750.00)

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 01.2000

Deposit Account Name ANDRUS, SCEALES, STARKE & SAWALL, LLP

Charge any additional fee required under 37 CFR 1.16 and 1.17 Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance. 37 CFR 1.311(b)

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (fees effective 10/01/96)

1. FILING FEE

| Large Entity | Small Entity | Fee | Fee | |
|---------------------------------|--------------|-------------|------|------------------------|
| Fee Code | Fee Code | Description | Paid | |
| 101 | 740 | 201 | 370 | Utility filing fee |
| 106 | 330 | 206 | 165 | Design filing fee |
| 107 | 510 | 207 | 255 | Plant filing fee |
| 108 | 740 | 208 | 370 | Reissue filing fee |
| 114 | 160 | 214 | 80 | Provisional filing fee |
| SUBTOTAL (1) (\$ 750.00) | | | | |

2. CLAIMS

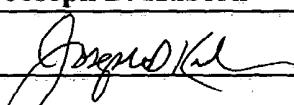
| | | Fee From below | Fee Paid | |
|--------------------|----|----------------|----------|--|
| Total claims | 18 | - 20 = (2) | X = | |
| Independent Claims | 2 | - 3 = (1) | X = | |

Multiple Dependent Claims X =

| Large Entity | Small Entity | Fee | |
|---------------------------|--------------|-------------|---|
| Fee Code | Fee Code | Description | |
| 103 | 18 | 203 | 9 Claims in excess of 20 |
| 102 | 84 | 202 | 42 Independent claims in excess of 3 |
| 104 | 280 | 204 | 140 Multiple dependent claim |
| 109 | 84 | 209 | 42 Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) (\$) | | | |

SUBMITTED BY

Typed or Printed Name Joseph D. Kuborn

Signature 

COMPLETE IF KNOWN

| | |
|------------------------|-------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | John C. Falligant |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 3848-00771 |

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity | Small Entity | | | |
|------------------------------------|--------------|-----------------|---|-----------------------------------|
| Fee Code | Fee Code | Fee Description | | Fee Paid |
| 105 | 130 | 205 | 65 Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 Non-English specification | |
| 147 | 2,520 | 147 | 2,520 For filing a request for examination | |
| 112 | 920* | 112 | 920* Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 Extension for response within first month | |
| 116 | 400 | 216 | 200 Extension for response within second month | |
| 117 | 920 | 217 | 460 Extension for response within third month | |
| 118 | 1,440 | 218 | 720 Extension for response within fourth month | |
| 128 | 1,960 | 228 | 980 Extension for response within fifth month | |
| 119 | 300 | 218 | 150 Notice of Appeal | |
| 120 | 300 | 220 | 150 Filing a brief in support of an appeal | |
| 121 | 260 | 221 | 130 Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 Petition to revive unavoidably abandoned application | |
| 141 | 1,240 | 241 | 620 Petition to revive unintentionally abandoned application | |
| 142 | 1,280 | 242 | 640 Utility issue fee (or reissue) | |
| 143 | 460 | 243 | 230 Design issue fee | |
| 144 | 620 | 244 | 310 Plant issue fee | |
| 122 | 130 | 122 | 130 Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 Petitions related to provisional applications | |
| 126 | 240 | 126 | 240 Submission of Information Disclos. Stmt. | |
| 591 | 40 | 591 | 40 Recording each patent assignment per property (times number of properties) | |
| 146 | 710 | 246 | 355 Filing a submission after final rejection (37 CFR 1.29(a)) | |
| 149 | 710 | 249 | 355 For each additional invention to be examined (37 CFR 1.129(b)) | |
| Other fee (specify) | | | | |
| Other fee (specify) | | | | |
| * Reduced by Basic Filing Fee Paid | | | | SUBTOTAL (3) <input type="text"/> |

| | | | | Complete (if applicable) |
|---------------------|---------|-------------------------|--|--------------------------|
| Registration Number | 40,689 | | | |
| Date | 6/26/03 | Deposit Account User ID | | |
| Submitted By | | | | |